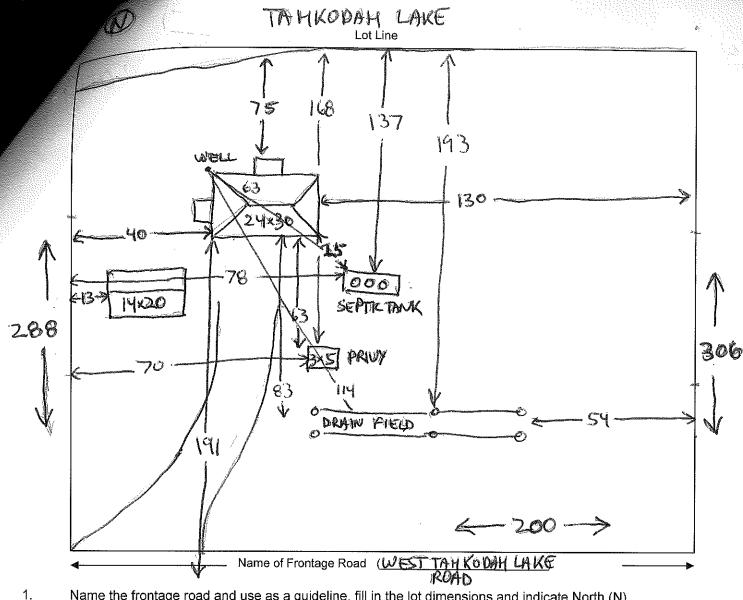
BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District R - (

(Please Print	ON INFORMATI All Information)	ON				Sp) Test (ElV	S Count Permi	y t No: /	4-04	40	
Property Owner		dountyNOV 132014 U Bayfield										
JEFFREY M ROGERS Address of Property: CABLITUS Property Property Property Straining By 16170 W TAHKODAM WAKERD 54821 14 14, 8 3										p 7t	t Å	(or) M
Property Owne	Township: Gov. Lot #:											
N7005	DRUMMOND 5 Lot # Block #: Subdivision Warne or CSM #:											
City, State MENOM	mber	- 0 Had H1										
II. TYPE OF E		Parcel ID										
Dublic (E)	κplain the use/ρι		_	Tax Number(s): 04-018-2-44-07-34-400-170-06000								
1 or 2 Family Dwelling - No. of Bedrooms 3 04-018 3-44-07-54-400-178-0000 [III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)												
A) New Replacement County Private Interceptor												
Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)												
B) A Sanitary Permit was previously issued. <i>Previous Permit Number</i> . Date Issued: 2-14-08												
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above												
C) Pit Privy Vault Privy (Vault size:gallons orcubic yards)												
Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet												
	ION SYSTEM IN		1									
1. Gallons Per Day	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					pading Rate 5. Perc. Rate (Min. Inch)			6. System 7. Final Grade Elev.(Feet) Elev. (Feet)			
VI. TANK INFORMATIO	PARTIE AND CHARGE	pacity Gallons Existing Tanks	Total Gallons	# of Tanks	Man	ufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber- glass	Plastic	Exper. App.
Septic Tank or Holding Tank	f											
Lift Pump Tan Siphon Chamb												
VII. RESPON	SIBILITY STAT				1							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans. Owner's Name(s): (Ng,Stamps)												
JEFFREY M ROGERS Hopers												
Plumber's Nar	ne: (Print)			/	Plumbe	r's Signature	: (No Sj an	nps)	VJWP/WI	PRSW N	·O.	
Plumber's Address: (Street, City State, Zip Code) Home Phone: Business Phone:												
VIII. COUNTY/DEPARTMENT USE ONLY												
Disapproved Sanitary Permit/Tra									suing Ag	jent's Sig	gnature / E	Date:
Owner Given Initial Adverse Determination							11-14	4-14 /	M. Fu	itale	11-14	-14
PPROVAL / REASONS FOR DISAPPROVAL:												
ı												
	STATE OF THE PROPERTY OF THE P											
Drafted By:	by:		-				<u>es el Peller</u> Clia			Plot	Plan on re	verse side

u/forms/privyform



- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2, Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - Building to all lot lines
 - Building to centerline of road
 - Building to lake, river, stream or pond
 - d Septic / holding tank to closest lot line
 - Septic/holding tank to building
 - Septic / holding tank to well
 - Septic / holding tank to lake, river, stream or pond
 - Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond

IS NECESSARY, FOLLOW

- k. Drain field to closest lot line
- Drain field to building
- m. Drain field to well
- Drain field to lake, river, stream or pond

IMPORTANT DETAILED PLOT PLAN

STEPS 1-7 (a-o) COMPLETELY

Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891